

1.) CORPORATION NAME:

FOODS RESOURCE BANK

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

DAVID M ERICKSON

625 SLATERS LN STE 100

ALEXANDRIA, VA 22314

SCC ID NO: **05229497**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4479 CENTRAL AVENUE

CITY/ST/ZIP: WESTERN SPRINGS, IL 60558-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

☐

DIRECTOR

NAME:

MARV BALDWIN

TITLE:

PRESIDENT

ADDRESS:

4479 CENTRAL AVENUE

CITY/ST/ZIP/CO:

WESTERN SPRINGS, IL 60550-

☐

OFFICER

☒

DIRECTOR

NAME:

BETH MOOY

TITLE:

DIRECTOR

ADDRESS:

4177 HIGHLAND DRIVE

CITY/ST/ZIP/CO:

FREEMONT, MI 49412-

☒

OFFICER

☒

DIRECTOR

NAME:

JUNE KIM

TITLE:

CHAIRMAN

ADDRESS:

475 RIVERSIDE DR

CITY/ST/ZIP/CO:

NEW YORK, NY 10115-

☐

OFFICER

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DIRECTOR

NAME:

BILL ADAMS

TITLE:

DIRECTOR

ADDRESS:

2850 KALAMAZOO AVENUE

CITY/ST/ZIP/CO:

GRAND RAPIDS, MI 49560-

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OFFICER

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DIRECTOR

NAME:

JOHN ALLISON

TITLE:

DIRECTOR

ADDRESS:

625 SLATERS LANE

CITY/ST/ZIP/CO:

ALEXANDRIA, VA 22314-

NAME:	DONNA DERR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 MARYLAND AVE, NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005-		
NAME:	JAMES R ACKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 WITHERSPOON ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		
NAME:	BRIAN BACKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	228 W LEXINGTON ST		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21201-		
NAME:	JHONNY ALICEA-BAEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4500 60TH ST, SE		
CITY/ST/ZIP/CO:	GRAND RAPIDS, MI 49512-		
NAME:	SETH ABU-BONSTRAH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12501 OLD COLUMBIA PIKE		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20904-		
NAME:	BRANDON GILVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1986		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46206-		
NAME:	DOUGLAS HARFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 S BAKER RD		
CITY/ST/ZIP/CO:	MAZON, IL 60444-		
NAME:	DARRIN YODER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 SOUTH 12TH ST		
CITY/ST/ZIP/CO:	AKRON, PA 17501-		
NAME:	ERIN STILLION	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17001 PRAIRIE STAR PKWY		
CITY/ST/ZIP/CO:	LEXANA, KS 66220-		
NAME:	GARY COOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 F STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD ROYER DIRECTOR 1451 DUNDEE AVENUE ELGIN, IL 60120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ORION SAMUELSON DIRECTOR 435 N MICHIGAN AVENUE CHICAGO, IL 60611-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN SANDERS DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERNON SLOAN DIRECTOR 03268 STATE ROUTE 191 STRYKER, OH 43557-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL SLOAN DIRECTOR 03268 STATE ROUTE 191 STRYKER, OH 43557-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HUSBY DIRECTOR 5101 FRANCISCO AVE CHICAGO, IL 60625-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRAN TROXLER DIRECTOR 700 LIGHT STREET BALTIMORE, MD 21230-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARLEY BUYS DIRECTOR 115 10TH AVENUE EDGERTON, MN 56128-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLYN SCHIPPER VICE CHAIRMAN 28088 H AVENUE CONRAD, IA 50621-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARV BALDWIN		MARV BALDWIN, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			